



Mitchell E. Daniels, Jr., Governor
State of Indiana

Indiana Family and Social Services Administration
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083

Anne W. Murphy, Secretary

TO: Potential State School Age Child Care (SACC 0202) Grantees

FROM: Melanie Brizzi

DATE: November 13, 2009

RE: Application (RFF- Request for Funds) for FY 2010 and FY 2011 School-Age Child Care Project Fund

The Indiana Family and Social Services Administration (FSSA), Division of Family Resources, Bureau of Child Care (BCC) announces the availability for funds for school-age child care through the state funded School-Age Child Care Project Fund for FY 2010 through FY 2011.

The purpose of the School-Age Child Care Project Fund (0202) is to support a school age child care program which offers care to children between the ages of 5 to 15 including:

- before and/or after school care
- periods when school is not in session excluding summer break
- care for children that attend kindergarten - either full or half day kindergarten
- care for children that are enrolled in summer school.

The goal of this project is to increase the availability and affordability of high-quality school-age child care.

Grants awarded in response to this RFF will be in effect from July 1, 2010 to June 30, 2012.

Applicants may request a minimum of \$10,000 to a maximum of \$40,000 per site/per county. Applicants that operate in multiple school corporations may apply for multiple awards; however a separate response must be submitted. Please note if you are a School Corporation you will only be approved for one (1) \$40,000.00 (forty thousand dollar) grant.

Completed responses must be submitted by close of business, 5:00pm, on **January 15, 2009**

Responses can be mailed to the following address:

Division of Family Resources, Bureau of Child Care
402 W. Washington Street-W-361, MS-02
Indianapolis IN 46204-2739
ATTN: Linda Kolbus, Re: SACC Response

It is the responsibility of the applicant to ensure that responses are mailed in sufficient time and with sufficient postage to reach the Bureau of Child Care by the deadline.

Incomplete applications will not be considered. If you have any questions or would like a copy of this RFF electronically, please contact your Bureau of Child Care CCDF Policy Consultant. (See *Attachment A*)

STATE SCHOOL-AGE CHILD CARE PROJECT FUND
FY 2010/2011

ELIGIBILITY CRITERIA FOR GRANTEES:

The Bureau of Child Care will support school-age care from public school corporations as authorized by IC 12-17-12, or not-for-profit organizations. A not-for-profit corporation must be exempt from federal income taxation under Section 501(c) (3) of the Internal Revenue Code and must have provided services to children continuously during the year preceding the date of application for grant.

The school-age care program must be in compliance with applicable state and local licensing laws and regulations. Program may not be on a probationary license or certificate of non-compliance at the time of submission. If the school-age care service is not provided in a licensed facility or a school setting, then the facility used must meet CCDF Provider Eligibility Standards and fire safety as adopted by State Fire Marshal. A copy of the Fire Marshal approval is required. Additionally, all **grantees must comply with the current Division of Family Resources Rule (470 IAC 3-4.6)**. (See Attachment B) BCC may perform a site visit to any facility submitting an application to aid in the evaluation of the response.

FUNDS AVAILABLE:

The Indiana School-Age Child Care Project Fund has approximately **\$955,000/year** available for grants for FY 2010/2011. Allocations will be determined based on the number of children served, with a minimum of \$10,000, up to a maximum of \$40,000 per contract year may be requested. The written contract value cannot exceed 90% of the school/agency total program costs, after any CCDF funds received has been subtracted. A minimum cash match of 10% must be provided by the grantee (school/agency). The Bureau reserves the right to partially grant your request.

FUNDING PERIOD:

Grants will be effective from July 1, 2010 through June 30, 2012 for the 2010-2011 and 2011-2012 school years.

USE OF FUNDS:

- **Program Enrichment**

This may include tutoring services, computer training, sports programming, performance arts, math, science programming. The reimbursable expenses may include instructor fees (other than program staff) and consumable products used for program delivery.

- **Equipment**

Funds may be used to purchase developmentally appropriate equipment for children between the ages of 5-15. A single equipment purchase reimbursement may not exceed \$499. Grantees must keep an inventory including depreciation schedule on all equipment purchased with Federal or State Funds.

- **Staffing**

Funds may be used to pay for salaries not to exceed 90% of the actual staff cost.

- **Staff Development**

Funds may be used to provide the required 12 hours of in-service training, of which 50% must be obtained from a qualified outside source. Travel expenses claimed cannot exceed .40 per mile and no out of state travel is reimbursed.

Funds **may not** be used for:

1. Direct service delivery (care for children using CCDF vouchers)
2. Care provided during the hours a child attends elementary or secondary school
3. Care provided on weekends and summer vacation
4. Care provided between the hours of 7:00 p.m. and 6:00 a.m., Monday through Friday
5. Care provided for children under the age of five(5)
6. Transportation from the child's school to the care site; or from the care site to the child's school

7. Drug testing, criminal history checks, first aid training, CPR training or TB test

UTILIZATION:

Grantees have the responsibility to fully utilize their allocation, but must be careful not to exceed contract funds. Failure to fully utilize your full FY 2010 allocation may result in a reduction of funding for FY 2011 allocation.

REQUIREMENTS FOR FY 2010 AND FY 2011 SACC GRANTS:

- Must be a public school corporation or a qualifying not for profit organization (see eligibility criteria);
- Must maintain compliance with State Fire Marshal;
- Must maintain compliance with State Licensing/Registration regulations and/or CCDF Provider Eligibility Standards;
- Must be in good standing with the Secretary of the State, the Indiana Department of Revenue and Indiana Workforce Development;
- Must demonstrate 12 hours of in-service training annually, of which 50% is from an outside source for all staff. Planned training must be developmentally appropriate for children 5-15 years of age and presented by a qualified trainer who is trained in the area of study. This may not include CPR or First Aid training;
- Program Director, responsible for all aspects of school-age child care delivery, must be 21 years of age with 2 years experience in a school age program or a 2 year associate degree in a child care related field;
- All staff shall be 18 years of age or older;
- Facility must maintain child staff ratio of 1:15 if children of 5 years or older and 1:20 six years and older;
- All programs must offer adequate meals and snacks that meet the dietary needs of each child;
- Must provide 20 square feet of useable indoor play space for each enrolled child;
- Must provide a physical environment that is safe and appropriate to meet the various age levels of the children to be served;
- Must provide program activities that are developmentally appropriate for children served;
- Services provided with funding obtained through this agreement shall be non-sectarian in nature and religious activities shall not be included in any activities to be conducted;
- Must provide three (3) letters of support from community partners (outside of the organization);
- All programs must adopt the attached sliding fee scale(*See Attachment C*)

This list is not inclusive – so please refer to the Rule 470 IAC 3-4.6. (See Attachment B)

CRITERIA FOR SCORING:

- Priority will be given to school-based programs at a school site.
- Priority will be given to programs who serve children in the following order:
 1. Children who are referred to a program by the local child protection division of the local Office of the Division of Family Resources.
 2. Children in kindergarten and grades 1 through 3
 3. Children in grades 4 through 9
- Priority will be given to facilities who serve a high percentage of families at or below 190% of the Federal Poverty Level.
- Priority will be given to programs which demonstrate the ability to sustain the program without the funding. A 10% cash match is required for these dollars.
- Priority will given to programs which offer a variety of developmentally appropriate activities for children ages 5 through 15 and show a strong commitment to best practice as documented in the program narrative.

PERFORMANCE MEASURES:

- A. A facility that provides school age services and is required to be licensed must maintain a regular license throughout the contract period. Failure to do so will result in one of the following:
 1. Upon receipt of second suspension or probationary license during contract period, termination of contract will result with 30 days notice.
 2. Revocation of license during the contract period will result in immediate termination of contract.
- B. A facility that provides school age services and is not required to be licensed must maintain documentation of compliance with CCDF Provider Eligibility Standards (PES), State Fire Marshal and SACC regulation. Failure to do so will result in termination of contract with 30

days notice.

- C. A facility which is an Unlicensed Registered Child Care Ministry must maintain a valid registration, PES and compliance with SACC regulation throughout the contract period. Failure to do so may result in immediate termination of the contract.
- D. A facility must be able to demonstrate 100% usage of School Age Child Care funds and documentation of funds claimed. Failure to demonstrate compliance will result in the repayment of funds determined ineligible.
- E. Grantees must provide Monthly Reports to support claims which may include but are not limited to the following information:
 - 1. The number of school-age children served at each site that are non CCDF;
 - 2. The number of days and hours of operations at each site;
 - 3. The number of children served on CCDF Vouchers at each site;
 - 4. Names of staff members and hours worked, for each site; and
 - 5. The number of sites.

The Bureau may request additional documentation including but not limited to written attendance reports, staff records including pay stubs and training records. Failure to submit all requested documentation may result in immediate termination of the contract.

ANTICIPATED OUTCOMES:

This program will provide state funds to school corporations or not-for-profit organizations operating school-age child care programs in Indiana. The funds will assist school-age programs in providing high quality, low-cost care to Hoosier families. Other outcomes will include:

- Facilities receiving grants will offer program activities appropriate to the various age levels of the children to be served and that meet the developmental needs of each child.
- Facilities receiving grants will employ an adequate number of qualified staff members specifically trained in the care of school-age children.
- Facilities will have adequate, developmentally appropriate equipment for school-age children.

CERTIFICATION STATEMENT/ASSURANCES
AND SIGNATURE PAGE
STATE SCHOOL-AGE CHILD CARE PROJECT FUND
FY '10 and FY '11

As a condition of participation for funding through the Bureau of Child Care, each grantee must make the following assurances. These assurances shall remain in effect throughout the funding period.

1. We assure that we will comply with all applicable licensing standards, if required by state law, which include staffing requirements and educational requirements.
2. We assure that we will comply with all CCDF Provider Eligibility Standards and State Fire Marshal standards.
3. We assure that services provided meet the definition of school-age child care pursuant to 470 IAC 3-4.6-3.
4. We assure that we have met all staffing requirements pursuant to 470 IAC 3-4.6-6(b) (1-7) including staff training.
5. We assure that we can provide for a safe and clean environment pursuant to 470 IAC 3-4.6-6(f)(1-2) including the provision of twenty square feet per child of usable indoor floor space and an outdoor play area with appropriate natural or protective barriers.
6. We assure that all children's health care needs are met pursuant to 470 IAC 4-4.6-6(d).
7. We assure that the program meets the nutritional needs of the children served pursuant to 470 IAC 3-4.6-6(e).
8. We assure that the program will maintain child staff ratios not to exceed 15 students for 1 staff for children 5 years or older or 20 children for 1 staff for children 6 years or older pursuant to 470 IAC 3-4.6-6(c).
9. We assure that children will be offered a variety of age appropriate activities which meet their development needs.
10. We assure that any transportation provided will in a safe manner pursuant to 470 IAC 3-4.6-6(h).
11. We assure that we are in good standing with the Secretary of the State of Indiana, the Indiana Department of Revenue and Indiana Workforce Development and agree to maintain that standing.
12. We assure that we will comply with all contract performance measures.

13. We assure services provided will be non-sectarian in nature.
14. We assure that we will comply with any inspection or audit of records and any corrective actions specified by the State.
15. We assure that we will maintain confidentiality with regard to information received in administering the terms of the contract.
16. We assure that we will not discriminate against any employee or applicant for employment or recipient of services in compliance with the requirements of the Civil Rights Act of 1964 and Indiana Code § 22-9-1-10 with regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.
17. We assure that books, records and documents will be maintained as directed by the State. Access to records and property will be provided to the State in connection with the contract agreement. We understand that generally accepted accounting procedures and practices will be followed.
18. We certify that neither this agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from entering into this agreement by any federal or state department or agency.
19. We assure that this agency will provide and maintain a drug-free and smoke free workplace.
20. We certify that funding provided by State shall not be used to further any type of political or voter activity.
21. We assure that our program adheres to all of the Service Delivery Requirements included in 470 IAC 3-4.6-1.
22. We assure that funds provided under this application will be used to supplement and increase the level of State and local funds expended, and in no case to supplement those State and local funds. We agree to provide a 10% cash match.

In order to be considered for a contract, the following certification statements must be SIGNED BY THE INDIVIDUAL AFFILIATED WITH YOUR AGENCY WHO IS AUTHORIZED (IN YOUR BY-LAWS) TO SIGN YOUR CONTRACT. This certification must be submitted with all application materials on or before the deadline date established in the application.

I hereby certify that all program information submitted in the application is true and correct and accurately reflects this agency's program(s). I understand and will comply with the programmatic contractual requirements placed upon this agency if we are awarded a contract.

I certify that to the best of my knowledge no representative, agent, member, or officer of the contracting party has entered into or offered to enter into any combination, collusion, or agreement to receive pay, and that he has not received or paid any sum of money or other consideration for the execution of this agreement other than that which appears on the face of this agreement.

Authorized Signature and Title

Agency's Legal Name

Title

Date

AGENCY INFORMATION

Agency Name _____

- 1. Attach a list of all services provided by your organization.**
- 2. Please indicate the length of time your organization has been providing school-age care. Note: Length must be greater than one year to be eligible for this grant**
- 3. Attach the staff training plan for school age child care staff. Be sure that the plan includes at least 12 hours of in-service training, 50% of which is obtained from an outside source. This training must be developmentally appropriate for children ages 5 to 15 and presented by a qualified trainer who is trained in the area of study.**
- 4. Attach agency mission statement.**
- 5. Attach a list of the agency's Board of Directors and agency by-laws.**
- 6. Attach 3 letters of support from community partners outside of the agency.**
- 7. Describe the relationship with the public school corporation in the area (if applying agency is not a public school corporation).**

PROGRAM INFORMATION

****A separate Program Information sheet must be completed for each site****

Program Name: _____

Program Address: _____

1. This program is provided by a:

- _____ School (attach appropriate documentation)
- _____ Designated Latch-key Provider for a public school system (attach appropriate documentation)
- _____ Not-for-Profit Organization (attach copy of 501C3)
- _____ Registered Child Care Ministry (attach current Certificate Registration)

2. Is your facility:

- _____ Licensed as a child care center (attach copy of license for each location)
- _____ Registered Ministry (attach a copy of Certificate of Registration for each site)
- _____ Exempt from licensing (attach copy of your completed CCDF Provider Eligibility Inspection Form, completed State Fire Marshal Inspection Report, and clearly identify each site)

3. Attach a list of the ages of children served at this location.

4. Attach documentation indicating your school-age program serves school age children at or below 190% of poverty level by submitting the following applicable criteria for this site

_____ The public school which serves this location is a Title 1 school.
(Provide letter from school indicating Title 1 status.)

_____ There are children attending the public school which serves this location that are participating in the Free or Reduced Lunch Program. **(Provide school data printout from the following website: <http://www.doe.in.gov/data/>)**

_____ The Census data for this location indicates families living in the same census track has a Median Family Income of less than 80%.
(Provide census information printout from the following Website: www.ffiec.gov/geocode/default.htm)

Use the following steps to obtain the information:

- (1) Enter address of location
- (2) Click Search
- (3) Get Census Demographic
- (4) Identify Median Family Income
- (5) Complete screen print of demographic information

_____ Families are participating in the sliding fee scale at this site.
(Provide a written statement indicating the number of children participating)

_____ This site cannot document that it serves families below 180% of the federal poverty level.

5. List the usable square footage for each room that will be used for school age care within this facility.
6. Please indicate this facility's established maximum school-age capacity.
7. Please indicate the established number of school age staff per room needed to provide care when the program is at maximum capacity.
8. What is minimal number of staff per room based on square footage?
9. Please include total annual cost of school age program (budget) for this facility minus CCDF funds received and minus 10% cash match.

10. Describe how your program meets the developmental needs of school-age children. (Attach lesson plans.)

11. Describe the school-age activities offered at this facility including outdoor organized recreational activities.

12. Please indicate which of the choices below best describes this facility's outdoor play space:

- ☐ The play space is surrounded with a protective barrier (i.e. fence)
- ☐ The play space is surrounded with natural boundaries (please describe type of natural boundaries.)
- ☐ The play space does not have a protective barrier.
- ☐ There is not an outdoor play space available at this facility.

13. Describe the outdoor play area and equipment available at this facility.

14. Describe how awareness of child abuse is addressed with school age staff members, including identifying and reporting.

15. Attach the school-age staff job descriptions and minimum qualifications per agency policy.

STAFF QUALIFICATIONS

Please complete the following chart for the current staff members at this site.
Note: Grantees will be responsible for updating this information as the facility experiences staff changes.

Employee Name	Job Title	Over 18 Y or N	Over 21 Y or N	Qualifications

**INSTRUCTIONS FOR SUBMITTING
STATE SCHOOL-AGE CHILD CARE PROJECT FUND
RESPONSES
FY'10 and FY '11**

The following forms and information will be required for submission of a completed application. **All items should be assembled and arranged in the following order. Applicants must submit an original and three copies of the application and necessary attachments.** It is suggested that you make a copy of the completed application for your records.

CONTENTS OF APPLICATION:

- ☐ FSSA PROVIDER DATA FORM.
- ☐ W-9.
- ☐ AUTOMATED DIRECT DEPOSIT AUTHORIZATION.
- ☐ COPY OF CURRENT FEE SCHEDULE.
- ☐ COPY OF SCHOOL AGE PROGRAMS ANNUAL OPERATING BUDGET.
- ☐ CERTIFICATION STATEMENT/ASSURANCES AND SIGNATURE PAGE.
- ☐ COPY OF LICENSE (IF APPLICABLE) FOR ALL SITES WHERE DOLLARS WILL BE USED.
- ☐ COPY OF CERTIFICATE OF REGISTRATION (IF APPLICABLE) FOR ALL SITES WHERE DOLLARS WILL BE USED.
- ☐ COPY OF COMPLETED CCDF PROVIDER ELIGIBILITY INSPECTION FORM. (IF APPLICABLE)
- ☐ COPY OF FORM A - APPLICATION FOR REQUEST FOR CCDF PROVIDER ELIGIBILITY STANDARDS. (<http://www.in.gov/fssa/carefinder/2904.htm>)
- ☐ A LIST OF LOCATIONS WHERE CARE IS PROVIDED. HOURS OF OPERATION TO INCLUDE HOLIDAYS, AND WRAP-AROUND SERVICES FOR KINDERGARTEN.
- ☐ COPY OF THE FIRE MARSHAL'S APPROVAL FOR EACH LOCATION
- ☐ COPY OF THE 501(c) 3.
- ☐ COMPLETED LIST OF EMPLOYEES INCLUDING JOB TITLE, AGE AND QUALIFICATIONS.
- ☐ COMPLETE AGENCY INFORMATION SHEET.
- ☐ COMPLETE PROGRAM INFORMATION SHEET.
- ☐ DOCUMENTATION VERIFYING FACILITY IS THE DESIGNATED LATCH-KEY PROGRAM FOR A PUBLIC SCHOOL. (IF APPLICABLE)
- ☐ DOCUMENTATION VERIFYING AT LEAST 50% OF CHILDREN IS AT OR BELOW 190% OF POVERTY. (IF APPLICABLE)
- ☐ ATTACH AGENCY CONFIDENTIALITY STATEMENT.

**APPLICATIONS MUST BE SUBMITTED BY JANUARY 15, 2009 TO BE
CONSIDERED**

Please submit application to:

Division of Family Resources, Bureau of Child Care
402 W. Washington Street-W-361, MS-02
Indianapolis IN 46204-2739
ATTN: Linda Kolbus, Re: SACC Response

Any questions regarding this grant can be submitted to:
BCDC@fssa.IN.gov

Attachment A

CCDF Policy Consultant Map

Bureau of Child Care CCDF Policy

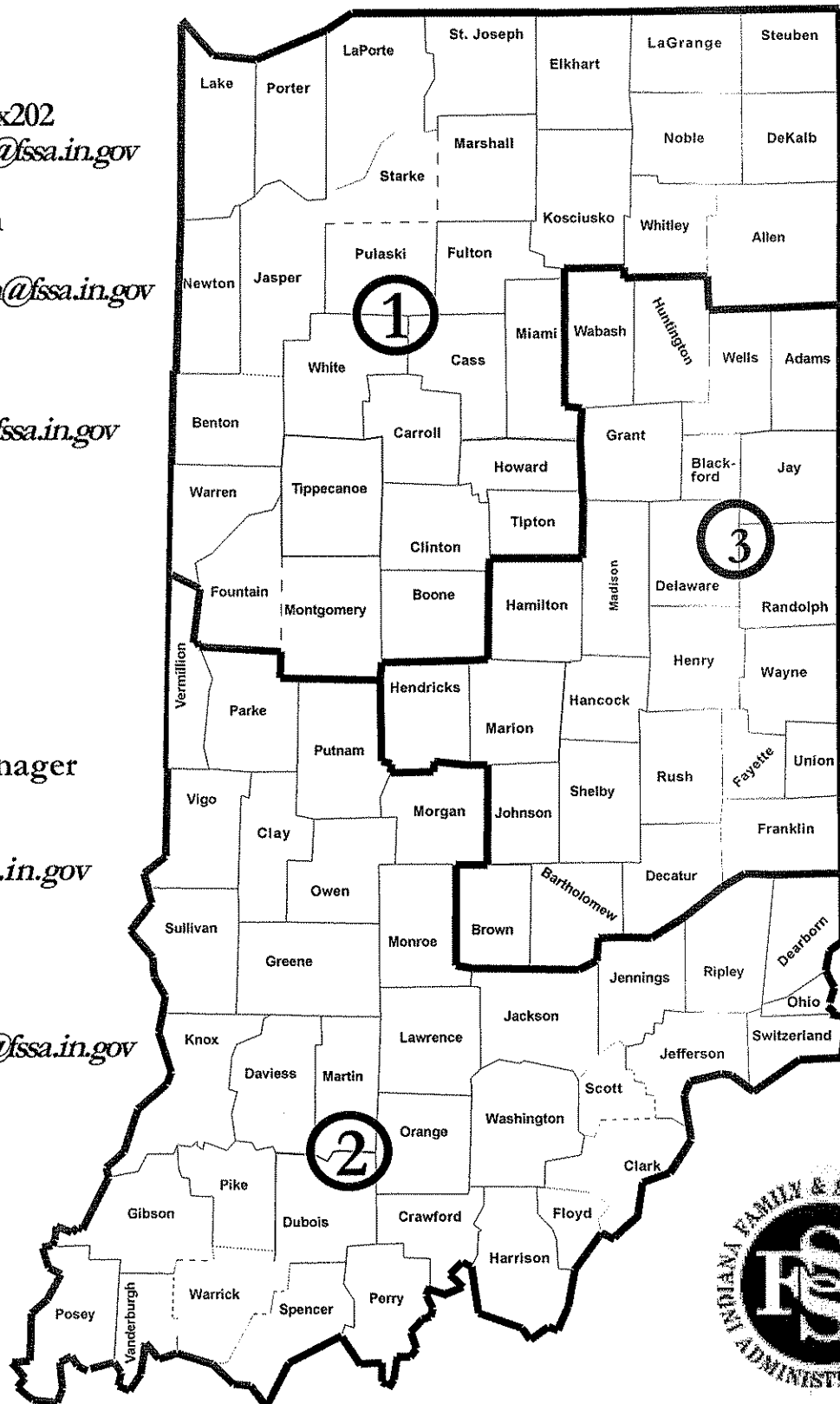
① Suzanne West
574-256-7875, x202
Suzanne.West@fssa.in.gov

② Laura Sullivan
812-447-8396
Laura.Sullivan@fssa.in.gov

③ Carrie Gray
317-232-7112
Carrie.Gray@fssa.in.gov

Linda Kolbus, Manager
CCDF Policy
317-234-4546
Linda.Kolbus@fssa.in.gov

Rhonda Schmalfeldt
Admin Assistant
317-234-4908
Rhonda.Schmalfeldt@fssa.in.gov



Child Care Information Line
1-877-511-1144

Updated - May 13, 2008

Attachment B

Indiana Rule 470 IAC 3-4.6

Indiana Rule 4.6. School Age Child Care Program (7-1-92)

NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3) to the Division of Family and Children (470 IAC 3-4.6) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-1 Purpose

Authority: IC 12-13-5-3; IC 12-17-12-17; IC 12-17-13-9

Affected: IC 12-17-12; IC 20-5-2-2; IC 20-5-6-7

Sec. 1. The purpose of 490 IAC 3 [this article] is to implement the school age child care program, authorized by IC 20-5-61 [IC 20-5-61 was repealed by P.L.9-1991, SECTION 98, effective July 1, 1992.], which offers care to children between five (5) and fifteen (15) years of age for the period of time before or after the school day, or both, during periods when school is not in session, and during periods when school is in session for students who are enrolled in a half-day kindergarten program.

(Division of Family and Children; 470 IAC 3-4.6-1; filed Aug 15, 1988, 1:00 p.m.: 12 IR 20; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235)

NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-1) to the Division of Family and Children (470 IAC 3-4.6-1) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-2 Definitions

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12

Sec. 2. "Board" means the interdepartmental board for the coordination of human service programs.

"Child's legal custodian" means the child's parent or custodian as determined by a court of law.

"Physical or mental incapacity" of the child's legal custodian is based on the receipt of Social Security disability or supplemental security income as the result of a disability, or the status of being an active vocational rehabilitation client, for the purposes of IC 20-5-61-10(a)(2)(C) [IC 20-5-61 was repealed by P.L.9-1991, SECTION 98, effective July 1, 1992.].

"Vocational training" means certified or accredited programs when determining whether a family falls within the priorities as set forth at IC 20-5-61-10(a)(2)(A) [IC 20-5-61 was repealed by P.L.9-1991, SECTION 98, effective July 1, 1992.].

(Division of Family and Children; 470 IAC 3-4.6-2; filed Aug 15, 1988, 1:00 p.m.: 12 IR 20; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-2) to the Division of Family and Children (470 IAC 3-4.6-2) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-3 Exclusions

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12

Sec. 3. The school age child care program does not include the following:

- (1) The provision of kindergarten certified by the department of education.
- (2) The provision of elementary or secondary education.
- (3) The periods during weekends and summer vacation from school.
- (4) Child care between the hours of 7 p.m. and 6 a.m., Monday through Friday.

(Division of Family and Children; 470 IAC 3-4.6-3; filed Aug 15, 1988, 1:00 p.m.: 12 IR 21; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-3) to the Division of Family and Children (470 IAC 3-4.6-3) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-4 Service provisions

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12-12; IC 20-5-2-1.5; IC 20-5-2-2; IC 20-5-6-7; IC 20-8.1-1-1

Sec. 4.

(a) In order to provide services under IC 12-17-12, an entity must be:

(1) a public school corporation as defined in IC 20-8.1-1-1; or

(2) a not-for-profit organization which:

(A) is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code; and

(B) has provided extracurricular activities or services to children during the year preceding the date of application for a grant under IC 12-17-12.

(b) Preference will be given to those providers who operate school-based programs.

(c) Service providers must adopt the following sliding fee schedule:

Percent of Poverty Level	Fee to be Paid, Per Family, Per Unit of Service
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0 - 100%	No fee
101 - 109%	\$ 1
110 - 118%	\$ 2
119 - 127%	\$ 3
128 - 136%	\$ 4
137 - 145%	\$ 5
146 - 154%	\$ 6
155 - 163%	\$ 7
164 - 172%	\$ 8
173 - 181%	\$ 9
182 - 190%	\$10

(d) Children of parents whose incomes exceed one hundred ninety percent (190%) of poverty may also be served in the program. The fee charged for those children may be set by the provider.

(e) Service providers must serve clients on a priority of need basis under IC 12-17-12-12.

(f) Service providers may make school age child care available from 6:00 a.m. until 7:00 p.m., Monday through Friday, when school is in session, on school holidays, and school vacation days during the regular school year.

(g) Under this program, service providers will be reimbursed a specified rate per unit, each unit being defined as the provision of four (4) hours or more of school age child care for one (1) child. One-half (1/2) a unit is defined as up to four (4) hours of school age child care for one (1) child.

(Division of Family and Children; 470 IAC 3-4.6-4; filed Aug 15, 1988, 1:00 p.m.: 12 IR 21; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1087; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-4) to the Division of Family and Children (470 IAC 3-4.6-4) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-5 Transportation

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12

Sec. 5. Children enrolled in the school age child care program may be transported as a part of the program only:

(1) from the child's school to the care site; or

(2) from the care site to the child's school.

(Division of Family and Children; 470 IAC 3-4.6-5; filed Aug 15, 1988, 1:00 p.m.: 12 IR 21; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-5) to the Division of Family and Children (470 IAC 3-4.6-5) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-6 Standards

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 20-5-2-2; IC 20-5-6-7

Sec. 6.

(a) Providers of school age child care shall meet the standards in this section.

(b) Staffing of the school age child care program shall be as follows:

(1) Health requirements for all staff shall be as follows:

(A) No person shall be permitted to perform any services in the program until the person has furnished the program with a statement from a physician that the person is free of tuberculosis in an infectious state. Each such person is required to have a health examination within three (3) months prior to entering the service of the program. The examination shall include a chest x-ray or Mantoux tuberculin test and may include laboratory tests and immunizations as deemed necessary by the attending physician. If the tuberculin test is positive, the chest x-ray is mandatory.

(B) Annual Mantoux tuberculin testing is mandatory for all persons having direct contact with children.

(C) Volunteers, substitutes, student aides, and any other personnel having direct contact with the children or providing food service are also subject to this subdivision. Records shall be kept for all of these persons.

(2) The director, who shall be at least twenty-one (21) years of age, with at least two (2) years of experience working with children in a children's program, or a two (2) year associate's degree in a child care related field, shall be responsible for the operation of the program at all times.

(3) During any necessary absence of the director, a responsible person shall be designated to be in charge, who shall have sufficient knowledge of emergency procedures and day to day operating procedures as is necessary to carry on the normal operation of the facility.

(4) No program shall operate at any time without a responsible person eighteen (18) years of age or older present on the premises of the program.

(5) Persons having direct contact with children shall be equipped by education, training, skill, or experience to provide for the child's proper training and development as follows:

(A) Each staff member providing direct care to children shall have twelve (12) hours per year of in-service training. Fifty percent (50%) of these hours must be training received from a source other than the facility staff.

(B) All employees providing direct care to children shall have training in basic first aid within three (3) months of employment and at least every three (3) years thereafter.

(C) At all times when children are being cared for, the program must have on duty, or on the premises, at least one (1) staff member who is annually certified in a program on cardiopulmonary resuscitation and airway obstruction.

(6) The program shall provide substitute staff to replace employees on sick leave, vacation, or absent for other reasons. A responsible adult eighteen (18) years of age or older shall always be readily available to substitute for a regularly assigned staff member in charge of a unit of children.

(7) Volunteers, excluding parents, shall meet all the requirements and qualifications of the position to which they are assigned when they are counted in the child-staff ratios.

(8) Alcoholic beverages, weapons, and tobacco products shall not be permitted or used at the facility during the hours of operation in areas used for school age child care.

(c) Minimum staff to child ratios shall be as follows:

(1) The maximum number of children to be supervised by one (1) staff person is fifteen (15) if there are children who are five (5) years of age in the group, and twenty (20) for groups containing only children who are six (6) years of age or older.

(2) All persons who are responsible for and directly engaged in supervising and implementing activities for children shall be counted in determining the child-staff ratios.

(d) Emergency health care shall be as follows:

(1) The service providers shall establish a written plan for the emergency admission of a child who becomes ill or injured and needs emergency care.

(2) An easily accessible telephone and the telephone numbers of the program's consulting physician, parents of the children enrolled in the program, and of the closest emergency facility shall be immediately available.

(3) First aid procedures and emergency evacuation procedures shall be posted in each room occupied by children in this program.

(4) The program shall establish written policies regarding first aid for the care of illness or injuries, including directions for the care of poisoning, seizures, hemorrhaging, artificial respiration, and choking.

(5) Programs shall provide and use a separate area to isolate from the group any child having or suspected of having a communicable disease or any illness. Toilet and lavatory facilities shall be located within or near the area.

(6) The program shall have available to the staff a health record of each child enrolled in the program, including a record of allergies and chronic health conditions.

(7) Medication, poisons, and other harmful chemicals shall be securely locked in a cabinet or closet.

(8) No service provider shall administer any medication to a child except as permitted by state and local law and pursuant to express written authorization by the child's parent or guardian.

(e) Nutrition requirements shall be as follows:

(1) All programs shall provide meals and snacks that meet the dietary needs of each child as based on the current National Research Council Recommended Daily Dietary Allowances (NRC/RDA) according to each child's age, the length of the child's daily program attendance, and meals served at home.

(2) Children shall be served meals and snacks according to their hours of attendance and the weekly menus shall be posted.

(3) Breakfast shall be offered to children who are in attendance a substantial amount of time before school begins.

(4) Meal and snack assembly shall be done on a sanitized surface which is not located in a rest room.

(5) Drinking water must be readily available to all children.

(f) Physical space requirements shall be as follows:

(1) The indoor play area shall consist of not less than twenty (20) square feet of usable floor space per child enrolled.

(2) The indoor and outdoor premises of the facility shall be clean, comfortable, and safe, as follows:

(A) The facility shall be protected against rodents and insects.

(B) The outdoor space shall:

(i) be fenced;

(ii) have natural barriers; or

(iii) have other protective conditions; to deter children from getting into unsafe conditions.

(C) There shall be no open drainage ditches, wells, or holes into which children may fall.

(D) Drainage shall be adequate to prevent stagnant pools of water from accumulating.

(E) Garbage and trash shall be stored in covered containers out of reach of the children and removed often enough to avoid creating a health hazard or nuisance.

(F) Open fireplaces shall not be used.

(G) All heating elements, including hot water pipes, shall be insulated or installed in a manner which makes them inaccessible to children.

(H) Furniture, equipment, and toys shall be sturdily constructed, without sharp edges, and present only minimal risks to children.

(I) Lead based paint shall not be used on surfaces accessible to children.

(J) Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times.

(g) Each school age child care program shall provide program activities that are appropriate to the various age levels of the children to be served and that meet the developmental needs of each child.

(h) When a school age child care program transports children, the program is responsible for the safety of those children. The school age child care program shall do the following:

(1) Require a current operator's license as required by law for each vehicle driver.

(2) Secure written authorization from a parent or guardian to transport the child.

(3) Load and unload at the curb or on the side of the street on which the home, facility, or other destination is located.

(4) Use only vehicles which meet the following requirements:

(A) The vehicle shall be enclosed.

(B) The vehicle shall be provided with locking doors.

(C) The vehicle seats shall be attached to the floor.

(D) The vehicle shall be maintained in good condition and meet safety standards set by the Indiana bureau of motor vehicles.

(Division of Family and Children; 470 IAC 3-4.6-6; filed Aug 15, 1988, 1:00 p.m.: 12 IR 21; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1088; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-6) to the Division of Family and Children (470 IAC 3-4.6-6) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-7 Eligibility

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12

Sec. 7.

(a) Every child between five (5) and fifteen (15) years of age is eligible for school age child care. However, the service providers must do the following:

(1) Follow the standards under section 6 of this rule.

(2) Follow the service priorities which are as follows:

(A) The first priority must be given to children who are referred to a program by the local child protection service agency under IC 31-6-11 [IC 31-6 was repealed by 268-1995, SECTION 17, effective July 1, 1995.]. Children in families with the lowest gross monthly income compared to other children in this priority level must be enrolled first.

(B) The second priority must be given to children in kindergarten and grades 1 through 3 and their siblings, if their families need school age child care services because of:

(i) enrollment of a child's legal custodian in vocational training under a degree program;

(ii) employment of a child's legal custodian; or

(iii) physical or mental incapacities of a child's legal custodian.

Children in families with the lowest gross monthly income compared to other children in this priority level must be enrolled first.

(C) The third priority must be given to children in grades 4 through 9, if their families need school age child care services because of:

(i) enrollment of a child's legal custodian in vocational training under a degree program;

(ii) employment of a child's legal custodian; or

(iii) physical or mental incapacities of a child's legal custodian.

Children in families with the lowest gross monthly income compared to other children in this priority level must be enrolled first.

(D) The fourth priority must be given to children in families who do not meet the criteria set forth in clauses (A) through (C), but who have a gross income below one hundred percent (100%) of poverty.

(3) Follow the sliding fee schedule under section 4 of this rule.

(b) Service providers must obtain a declaration of the following:

(1) Family income.

(2) At least one (1) of the following:

(A) Referral of child by a local child protection service agency.

(B) Employment of child's legal custodian.

(C) Enrollment of child's legal custodian in vocational training under a degree program.

(D) The physical or mental incapacity of the child's legal custodian.

(3) The child's age, who must be between five (5) and fifteen (15) years of age.

(c) The poverty guidelines issued by the federal Office of Management and Budget shall be used to determine the poverty level to be used in the computation of the sliding fee.

(d) The fee required to be paid by each family will be based on gross income received in the thirty (30) day period prior to the date of application.

(e) Family income includes the following:

(1) Money, wages, or salary.

(2) The dollar amount of AFDC grants.

(3) Social Security income, including Social Security disability, supplemental security income, and old age pensions.

(4) Interest, rents, and dividends.

(5) Net income from self-employment.

(6) Pensions and annuities.

(7) Unemployment compensation.

(8) Worker's compensation.

(9) Alimony and child support.

(10) Veteran's pensions.

(Division of Family and Children; 470 IAC 3-4.6-7; filed Aug 15, 1988, 1:00 p.m.: 12 IR 22; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1090; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-7) to the Division of Family and Children (470 IAC 3-4.6-7) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-8 Eligibility appeal process

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 4-21.5-1; IC 12-17-12

Sec. 8.

(a) An individual who has been denied services may appeal that action to the board after attempting to resolve the problem with the local service provider.

(b) The request for a hearing must be submitted in writing and signed by the appellant. This request must be received by the board within thirty (30) days of the appellant's notification that services are denied.

(c) The board shall hold the hearing within thirty (30) days after receipt of the request for a hearing.

(d) The hearing shall be conducted in accordance with the Indiana Administrative Adjudication Act, IC 4-21.5-1.

(e) The board shall notify the appellant and the local service provider by certified mail of the appeal decision within ten (10) days after the hearing.

(Division of Family and Children; 470 IAC 3-4.6-8; filed Aug 15, 1988, 1:00 p.m.: 12 IR 23; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-8) to the Division of Family and Children (470 IAC 3-4.6-8) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-9 Applications of service providers

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12

Sec. 9.

(a) The interdepartmental board for the coordination of human service programs shall send out proposal packets at least yearly.

(b) All proposals which are completed by potential service providers and returned to the interdepartmental board shall be evaluated using the following criteria:

(1) cost-effectiveness of the program plan;

(2) whether the goals and objectives are realistic in relationship to the program design, staff, and budget;

(3) adherence to the school age child care service definitions;

(4) adherence to specific requirements of IC 20-5-61 and 490 IAC 3 [this article];

(5) administrative capability of the service provider to comply with the terms of the contract;

(6) the need for the program in the proposed service area as compared to the quantity of providers elsewhere in the state;

(7) other relevant criteria as deemed necessary by the board.

(Division of Family and Children; 470 IAC 3-4.6-9; filed Aug 15, 1988, 1:00 p.m.: 12 IR 23; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-9) to the Division of Family and Children (470 IAC 3-4.6-9) by P.L.9-1991, SECTION 133, effective July 1, 1992.

Attachment C

Sliding Fee Scale

DIVISION OF FAMILY RESOURCES (DFR)
CHILD CARE INCOME ELIGIBILITY DETERMINATION AND FEE SCHEDULE
BASED ON THE LESSER OF THE POVERTY LEVEL OR 85% OF MEDIAN FAMILY INCOME BY FAMILY SIZE

YEAR 1	FEE FACTOR	0%	5%	6%	7%	7%	8%	9%	10%
YEAR 2	FEE FACTOR	0.0000	0.0116	0.0140	0.0163	0.0163	0.0186	0.0209	0.0233
YEAR 3	FEE FACTOR	0.0000	0.0140	0.0183	0.0186	0.0186	0.0209	0.0233	0.0256
YEAR 4	FEE FACTOR	0.0000	0.0163	0.0186	0.0209	0.0209	0.0233	0.0256	0.0279
YEAR 5	FEE FACTOR	0.0000	0.0186	0.0209	0.0233	0.0233	0.0256	0.0279	0.0302
YEAR 6	FEE FACTOR	0.0000	0.0209	0.0233	0.0256	0.0256	0.0279	0.0302	0.0325
YEAR 6	FEE FACTOR	0.0000	0.0233	0.0256	0.0279	0.0279	0.0302	0.0325	0.0349
SIZE OF FAMILY		100%	101%	110%	119%	128%	141%	151%	161%
		OR UNDER	thru 109%	thru 118%	thru 127%	thru 140%	thru 150%	thru 160%	thru 170%
1		\$903	\$904	\$985	\$1,066	\$1,147	\$1,265	\$1,355	\$1,445
		OR	thru	thru	thru	thru	thru	thru	thru
2		\$1,214	\$1,215	\$1,324	\$1,434	\$1,543	\$1,701	\$1,822	\$1,944
		OR	thru	thru	thru	thru	thru	thru	thru
3		\$1,526	\$1,527	\$1,664	\$1,801	\$1,939	\$2,137	\$2,280	\$2,442
		OR	thru	thru	thru	thru	thru	thru	thru
4		\$1,838	\$1,839	\$2,004	\$2,169	\$2,335	\$2,574	\$2,757	\$2,941
		OR	thru	thru	thru	thru	thru	thru	thru
5		\$2,149	\$2,150	\$2,344	\$2,537	\$2,730	\$3,010	\$3,225	\$3,440
		OR	thru	thru	thru	thru	thru	thru	thru
6		\$2,461	\$2,462	\$2,683	\$2,905	\$3,126	\$3,446	\$3,692	\$3,938
		OR	thru	thru	thru	thru	thru	thru	thru
7		\$2,773	\$2,774	\$3,023	\$3,273	\$3,522	\$3,883	\$4,160	\$4,437
		OR	thru	thru	thru	thru	thru	thru	thru
8		\$3,084	\$3,085	\$3,363	\$3,640	\$3,918	\$4,319	\$4,627	\$4,936
		OR	thru	thru	thru	thru	thru	thru	thru
9		\$3,396	\$3,397	\$3,702	\$4,008	\$4,314	\$4,755	\$5,095	\$5,434
		OR	thru	thru	thru	thru	thru	thru	thru
10		\$3,708	\$3,709	\$4,042	\$4,376	\$4,710	\$5,192	\$5,562	\$5,933
		OR	thru	thru	thru	thru	thru	thru	thru
11		\$4,019	\$4,020	\$4,382	\$4,744	\$5,105	\$5,628	\$6,030	\$6,432
		OR	thru	thru	thru	thru	thru	thru	thru
12		\$4,331	\$4,332	\$4,722	\$5,111	\$5,501	\$6,064	\$6,497	\$6,930
		OR	thru	thru	thru	thru	thru	thru	thru
13		\$4,643	\$4,644	\$5,061	\$5,479	\$5,897	\$6,501	\$6,965	\$7,429
		OR	thru	thru	thru	thru	thru	thru	thru
14		\$4,954	\$4,955	\$5,401	\$5,847	\$6,293	\$6,937	\$7,432	\$7,928
		OR	thru	thru	thru	thru	thru	thru	thru
15		\$5,266	\$5,267	\$5,741	\$6,215	\$6,689	\$7,379	\$7,900	\$8,426
		OR	thru	thru	thru	thru	thru	thru	thru
16		\$5,578	\$5,579	\$6,080	\$6,582	\$7,084	\$7,810	\$8,367	\$8,925
		OR	thru	thru	thru	thru	thru	thru	thru
17		\$5,889	\$5,890	\$6,420	\$6,950	\$7,480	\$8,246	\$8,835	\$9,424
		OR	thru	thru	thru	thru	thru	thru	thru
18		\$6,201	\$6,202	\$6,760	\$7,318	\$7,876	\$8,682	\$9,302	\$9,922
		OR	thru	thru	thru	thru	thru	thru	thru
19		\$6,513	\$6,514	\$7,100	\$7,686	\$8,272	\$9,119	\$9,770	\$10,421
		OR	thru	thru	thru	thru	thru	thru	thru
20		\$6,824	\$6,825	\$7,439	\$8,054	\$8,668	\$9,555	\$10,237	\$10,920
		OR	thru	thru	thru	thru	thru	thru	thru
		UNDER	\$7,438	\$8,053	\$8,667	\$9,554	\$10,236	\$10,919	\$11,601

NOTES: Income amounts reflect gross monthly income. Multiply monthly income by the monthly fee factor to determine weekly copay and round up to the nearest dollar. Only one fee is charged per week per family regardless of the number of children in the family receiving care or the amount of care needed. Poverty Level Rates based on federal poverty guidelines for 2008.

The schedule applies to the following funding sources:
Child Care and Development Fund (CCDF) – effective 5/3/2009

FORMS

FSSA Provider Data Form

W-9

Automated Direct Deposit Authorization

SACC Spreadsheet

FSSA PROVIDER DATA FORM

This form, with the applicable W9 Form, must be submitted to the FSSA Program Area and forwarded to FSSA Contract Management **PRIOR** to the preparation of **ANY** contract. Allow Contract Management 7 days to verify and enter

FSSA Program Name: _____	Submitted on: _____
Provider Contact Person: _____	Telephone: () _____
Fax Number: _____	E-mail Address: _____
Provider's Legal Name: _____	
Provider's d/b/a Name: _____ (doing business as)	
Provider's FID/EIN/SSN: _____	
<small>NOTE: SSN may only be used if the legal name above is an individual's name.</small>	
Provider's Legal Status:	
_____ Individual/Sole Proprietor	
_____ Corporation	Indicate: <input type="checkbox"/> For-Profit <input type="checkbox"/> Nonprofit
_____ Government	Indicate: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Township <input type="checkbox"/> Other
_____ Limited Liability Company	
_____ Partnership	Is it a LLP? <input type="checkbox"/> Yes <input type="checkbox"/> No
	List all partners: _____
_____ School Corp.	Indicate list # as assigned by the Dept. of Education # _____

Director/Manager:	Name: _____	Title: _____
Office/Street Address: (Main Location)	Street: _____	County: _____
	City: _____	State: _____
	Zip Code: _____	
	Confidential Address? <input type="checkbox"/> Yes <input type="checkbox"/> or <input type="checkbox"/> No	Internet Address: _____
	Phone#: () _____	Phone#: () _____
	Fax#: () _____	Toll-Free#: () _____

Mailing Address:	Street/POB: _____	
	City: _____	State: _____
	Zip Code: _____	

Claims Payment A Address	Street: _____	
<small>This address is where checks will be mailed. EVERYONE MUST attach a W9 Form reflecting this address regardless of legal status.</small>	City: _____	State: _____
	Zip Code: _____	

How frequently do you wish to claim for reimbursement? _____ Monthly - 12 claims _____ Semi-Monthly - 24 claims

Term of Contract Requested: _____

County(ies) for which funding is requested. Circle all that apply.

01 Adams	13 Crawford	25 Fulton	37 Jasper	49 Marion	61 Parke	73 Shelby	85 Wabash
02 Allen	14 Daviess	26 Gibson	38 Jay	50 Marshall	62 Perry	74 Spencer	86 Warren
03 Bartholomew	15 Dearborn	27 Grant	39 Jefferson	51 Martin	63 Pike	75 Starke	87 Warrick
04 Benton	16 Decatur	28 Greene	40 Jennings	52 Miami	64 Porter	76 Steuben	88 Washington
05 Blackford	17 Dekalb	29 Hamilton	41 Johnson	53 Monroe	65 Posey	77 Sullivan	89 Wayne
06 Boone	18 Delaware	30 Hancock	42 Knox	54 Montgomery	66 Pulaski	78 Switzerland	90 Wells
07 Brown	19 Dubois	31 Harrison	43 Kosciusko	55 Morgan	67 Putnam	79 Tippecanoe	91 White
08 Carroll	20 Elkhart	32 Hendricks	44 LaGrange	56 Newton	68 Randolph	80 Tipton	92 Whitley
09 Cass	21 Fayette	33 Henry	45 Lake	57 Noble	69 Ripley	81 Union	
10 Clark	22 Floyd	34 Howard	46 LaPorte	58 Ohio	70 Rush	82 Vanderburgh	
11 Clay	23 Fountain	35 Huntington	47 Lawrence	59 Orange	71 St. Joseph	83 Vermillion	
12 Clinton	24 Franklin	36 Jackson	48 Madison	60 Owen	72 Scott	84 Vigo	_____ Statewide

Is this a female-owned business? ☐ Yes ☐ No

Is this a minority-owned* business? ☐ Yes ☐ No _____ %

Is there minority participation***? ☐ Yes ☐ No _____ %

*If minority ownership amounts to 51% or more of the company, answer "yes" and enter 100%. ***If not minority-owned, enter % of minority participation.

Name/Title of persons authorized to sign legal documents and contracts.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____



Vendor Information

State Form 53788 (12-08)
Approved by Auditor of State, 2008
Approved by State Board of Accounts, 2008

Name and telephone number of the Person who completed this document must be provided.

Name: _____

Daytime Telephone Number: _____

Send completed form to Auditor of State, 240 Statehouse, 200 W. Washington St., Indianapolis, IN 46204 or fax to (317) 234-1916

Print or Type

Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON YOUR TAX RETURN. DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE.)

Trade Name (Doing Business as Name D/B/A) (Complete only if payment is to be made payable to the DBA name)

Remit Address

Purchase Order Address - Optional

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:

(SSN=Social Security Number, EIN=Employer Identification Number)

(Individual's SSN) _____ - _____ or EIN _____ - _____

Check legal entity type (A box must be checked in this section. Check only one box.)

- ☐ Individual ☐ Sole Proprietorship ☐ Partnership
☐ Estate / Trust Note: Show above, the name and number of the legal trust, or estate, not personal representatives
☐ Other [Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.]
☐ Corporation Do you provide legal or medical services? ☐ Yes ☐ No
☐ Government (or Government operated entity)
☐ Organization Exempt from Tax under Section 501(a)

One box must be checked ☐ I am a U.S. Person (including a U.S. resident alien) ☐ I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

☐ Add Deposit ☐ Change Deposit **Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.**

SECTION 1: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Account Holder's Name: _____ Account Number: _____

Type of Account: ☐ Checking (Demand) ☐ Savings

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a voided check or have your financial institution complete this section)

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution: _____

Telephone: (_____) _____

Address: _____
Number and Street, and/or P.O. Box No.

Financial Institution's Authorized Signature

City, State, and Zip Code (00000-0000)

Title

ABA Transit-Routing Number

_____, 20____
Date

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS

(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

I agree to the provisions contained on the reverse side of this form.

NAME (Print or Type) _____ TITLE _____

AUTHORIZED SIGNATURE _____ DATE _____ PHONE _____

REQUEST FOR VENDOR INFORMATION

THIS FORM APPLIES TO YOU, IF YOU ARE:

- 1) A U.S. person (including a U.S. resident alien); and
- 2) A person, business, or other entity who has or will receive a payment from the state; or
- 3) A state employee who has or will receive a payment, other than payroll, from the state.

PURPOSE OF FORM:

The Auditor of State of Indiana (Auditor) must have correct vendor information to make payments to vendors. This includes the vendor's legal name, doing business as name (if any), address, Taxpayer Identification Number (TIN), entity type, and banking information. This form allows you to provide your correct name, address, TIN, entity type, and banking information.

If you do not provide us with the information, your payments may be subject to federal income tax withholding. In addition, if you do not provide us with this information, you may be subject to a penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on withholding preempts any state and local law remedies, such as any rights to a mechanic's lien. If you do not furnish a valid TIN, we are required to withhold a percentage of our payment to you. Withholding is not a failure to pay you. It is an advance tax payment. You should report all withholdings as a credit for taxes paid on your federal income tax return.

INSTRUCTIONS:

- 1) Enter your legal name on the designated line. Your legal name is the one that appears on your Social Security Card or, if you are a business, the Employer Identification Number (EIN) as it is in the IRS records. If you are a sole proprietor, then your legal name is the business owner's name. If you have a "doing business as" (d/b/a) name, enter this on the trade name line. Enter your remit address on the next line, and if you have a separate address for purchase orders, enter that address on the appropriate line.
- 2) Record the appropriate TIN in the space provided and check the box that corresponds to the correct organization type for your name. Note that individuals and sole proprietors are the only types that should record a social security number (SSN). a) If you are a corporation, you must indicate whether you provide legal or medical services. b) If you are a sole proprietor, you must show the business owner's name in the legal name box and you may show the business name in the trade name box. You cannot use only the business name. For a sole proprietor, you may use either the individual's SSN or the EIN of the business. However, we prefer you provide the SSN.
- 3) Check the appropriate box that indicates whether you are or are not a U.S. person.
- 4) Complete Section 1: Authorization
- 5) Have your financial institution complete Section 2: Financial Institution's Approval. Your financial institution should return the completed form to you. A voided check may be provided in lieu of having your financial institution complete this section. Deposit slips will not be accepted.
- 6) Complete Section 3: Electronic Notification of Electronic Fund Transfer (EFT) Deposits, only if you choose to receive electronic EFT notifications by email. If this section is not completed, your notification will be sent by U.S. Mail to the remit address designated on the reverse side of this form.
- 7) Fax the completed form to (317) 234-1916 or mail to the Indiana Auditor of State, 240 Statehouse, 200 W. Washington St., Indianapolis, IN 46204.
- 8) Retain a copy of the completed form for your records.
- 9) Any form submitted without an authorized signature will be destroyed and will not be entered into the Auditor's vendor file.

BY SIGNING THIS FORM:

You represent that you understand and agree that:

- 1) You are authorized to provide this information on behalf of yourself or your organization.
- 2) The State of Indiana is authorized to initiate credits (deposits) in various amounts, by EFT through automated clearing house (ACH) processes, to the checking (demand) or savings account in the financial institution designated on the reverse side of this form.
- 3) If necessary, you will accept reversals from the State for any credit entries made in error to a bank account per National Automated Clearing House Association (NACHA) regulations.
- 4) You may only revoke this request and authorization by notifying the Auditor in writing, at the above address, at least fifteen (15) days before the effective date of revocation.
- 5) Any change to the account or to a new financial institution will require a new Vendor Information form be completed and submitted to the Auditor of State at the above address. Failure to provide timely notification to the Auditor that your account has changed will result in a delay in payment.
- 6) The State of Indiana and its entities are not liable for late payment penalties or interest if you fail to provide information necessary for an EFT transaction and/or you do not properly follow the Instructions above.
- 7) The email addresses provided in Section 3 for electronic EFT notification will allow for appropriate application of all payments.
- 8) You acknowledge that it will cause disruption to the notification process if the email addresses provided for electronic EFT notification are frequently changed or changed without promptly providing an updated email address to the Auditor.
- 9) You acknowledge that an email notification returned as undeliverable may be removed from the Auditor's email notification system and all future notices of EFT deposits to you will be provided by the Auditor via U.S. Mail to the remit address designated on the reverse side of this form until you have provided a valid email address to the Auditor.
- 10) You are responsible for contacting the Auditor if you are not receiving electronic notices of EFT deposits.

☐ Add Deposit ☐ Change Deposit ☐ Stop Deposit

State Form 47551 (2/96)

Name of Vendor/Claimant who prepared this Request

Work Phone: _____

Name: _____ Home Phone: _____



STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Instructions:

1. Requestor will complete first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requestor.
3. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300

SECTION 1: REQUEST AND AUTHORIZATION

Vendor/Claimant as shown on the account

Federal I.D. Number/Social Security Number

Address(Number and Street, and/or P.O. Box No.)

City, State, and Zip Code (00000-0000)

Requests, pursuant to IC 4-8.1-2-7(d), to receive payment(s) by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (*demand*) or savings account designated in the depository named below, and, (2) *if necessary*, to initiate debit entries or adjustments ***solely to correct any credit error resulting from a deposit/credit entry that was made under this authorization.*** The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. **Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: _____

Type of Account: ☐ Checking (*Demand*) ☐ Savings

Depository Account Number: _____

_____, 20____
Date

Signature of Vendor/Claimant

SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: _____ Phone: (____) ____ - _____

Address: _____
(Number and Street, and/or P.O. Box No.) (City, State, and Zip Code (00000-0000))

_____, 20____
Date

Depository's Authorized Signature

ABA Transit-Routing Number

Title

School-Age Child Care Budget Sheet - INSTRUCTIONS

MONTH _____

CONTRACT NUMBER _____

CATEGORY: STAFF (ADMINISTRATOR) <i>Not to exceed 90% of actual cost</i>						
	Hours Worked	Gross Wages	Payroll Taxes	Benefits	Total Expense	Less 10%
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
CATEGORY: STAFF (TEACHERS)						
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$
10.		\$	\$	\$	\$	\$
TOTALS		\$	\$	\$	\$	\$

CATEGORY: STAFF DEVELOPMENT			
Name of Training:	Total Cost	Amount Claimed	
Trainer Fees	\$	\$	
Travel (\$0.40 mile)	\$	\$	
Lodging	\$	\$	
Materials	\$	\$	
CLAIM TOTALS			
Category		Total Cost	
Staff		\$	
Staff Development		\$	
Program Enrichment		\$	
Equipment		\$	
Less Required Match		\$	
TOTAL CLAIMED		\$	

CATEGORY: PROGRAM ENRICHMENT			
Name of Program:	Type of Expense	Total Cost	Amount Claimed
Instructor Fees		\$	\$
Consumables		\$	\$

CATEGORY: EQUIPMENT			
<i>Reimbursement may not exceed \$499</i>			
Description of Equipment Purchased	Total Cost	Amount Claimed	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

I certify the expenses above are correct and I have attached all appropriate documentation.

Signed: _____
 Printed Name: _____ Date: _____
 Contact Phone: _____ Contact Email: _____
 Approved by: _____ Date: _____

School-Age Child Care Budget Sheet INSTRUCTIONS

General Instructions:

Please note: backup documentation is required where indicated. Remember this is a cost reimbursement contract. If you have any questions, please contact your CCDF Policy Consultant.

Instructions:

- (1) Month – Enter the month of the claim.
CATEGORY: STAFF (Administrators and Teachers)
This information represents ALL information needed for submission with your claim, however, payroll documentation must be maintained and made available upon request.
- (2) List the employee's full name, last name first.
- (3) Record the total number of hours claimed during the month.
- (4) Record the employee's gross wages for the hours claimed during the month.
- (5) Record the payroll taxes paid for gross wages reported for the month.
- (6) Record the cost of benefits provided for the total number of hours claimed during the month.
- (7) Record the total of #4, #5, and #6.
- (8) Indicate the amount of staff expense which may not be claimed by multiplying #7 by 0.90.
- (9) Record the amount claimed by subtracting #8 from #7.

CATEGORY: STAFF DEVELOPMENT

This information must be supported by appropriate backup documentation. All expenses must be consistent with activities approved through grant submission.

- (10) Indicate the topic of training and/or program title.
- (11) Indicate the total fees paid to trainer. Submit a copy of a paid invoice or other documentation supporting the cost to provide training services by a qualified individual. Indicate on the documentation your affiliation with the trainer, if any.
- (12) Record the amount of the trainer fees being claimed as an expense.
- (13) Calculate the trainer and/or employee travel cost by multiplying the number of miles traveled by \$0.40. Submit a copy of your mileage request forms for all individuals being claimed. Form must be signed by the individual. Indicate on the documentation your affiliation with this individual, i.e. employee or trainer.
- (14) Record the amount of travel being claimed as an expense.
- (15) Record the cost of lodging for the trainer and/or employee. Please note: travel must exceed 50 miles one-way to claim lodging expenses. Submit a copy of the individuals lodging receipt indicating a zero balance. Indicate on the documentation your affiliation with the individual, i.e. employee or trainer.
- (16) Record the amount of lodging being claimed as an expense.
- (17) Record the cost of any materials purchased for the purpose of training. Submit a copy of a paid invoice, cash register receipt or other appropriate documentation. Indicate the individual recipient's name and affiliation, i.e. employee and/or trainer on the documentation provided.
- (18) Record the amount of materials being claimed as an expense.

CATEGORY: PROGRAM ENRICHMENT

This information must be supported by appropriate backup documentation. All expenses must be consistent with activities approved through grant submission.

- (19) Indicate the type of activity and/or program title.
- (20) Record the cost of instruction. This cost may not include the cost of staff participating in the activity. Submit a copy of a paid invoice or other documentation supporting the cost of providing this activity by a qualified instructor. Indicate on the documentation your affiliation with the instructor, if any.
- (21) Record the amount of instructor fees being claimed as an expense.
- (22) Record the cost of consumable materials used during instruction. Submit a copy of a paid invoice, cash register receipt or other appropriate documentation.
- (23) Record the amount of consumables being claimed as an expense.
- (24) Indicate the type of expense incurred.
- (25) Record the total cost. Submit a copy of a paid invoice, cash register receipt or other appropriate documentation.
- (26) Record the total amount of the purchase being claimed as an expense.

CATEGORY: EQUIPMENT

This information must be supported by appropriate backup documentation. All expenses must be consistent with equipment approved through grant submission. Reimbursement may not exceed \$499 per item.

- (27) Provide a description of the equipment purchases. Include a picture, if available.
- (28) Record the total cost of the purchase. Submit a copy of a paid invoice, cash register receipt or other appropriate documentation.
- (29) Record the amount of the equipment purchase being claimed as an expense.

CLAIM TOTALS

- (30) Record staff's total expense. Sum of column #7.
- (31) Record the total cost of staff development by adding #12, #14, #16, #18.
- (32) Record the total cost of program enrichment by adding #21, #23, #26.
- (33) Record the total cost of equipment by adding all amounts claimed.
- (34) Record the amount of required 10% match
- (35) Record the total claimed by adding #30, #31, #32, and #33 then subtracting #34.

SIGNATURE AND CERTIFICATION

- (36) An authorized individual must sign this form in blue ink.
- (37) Print the name of the individual signing the form.
- (38) Indicate the date the form was signed. Claims should be submitted by the 15th of each month. Late claims may not be honored.
- (39) Provide a contact phone number.
- (40) Provide a contact email address.
- (41) DO NOT WRITE IN THIS SECTION.
- (42) DO NOT WRITE IN THIS SECTION.

SAMPLE